

## MAINE REVENUE SERVICES INCOME/ESTATE TAX DIVISION P.O. BOX 1061 AUGUSTA, ME 04332-1061

000623000

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## **EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD**

**FORM 941ME LOOSE** 

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QUARTER#								
Withholding Account Number  1. Maine Income Tax withheld for this quarter (Semi-weekly employers complete Schedule 1 below)								
				2. Less a	nv semi-weekly payme	ents v)2		
Name				3. Amoun	t due with this return	3		
Address				, (iiiio i			<del>" " " " " " " " " " " " " " " " " " " </del>	<del></del>
					od Covered:			
	MAKE CHE	CK PAYABLE TO	TREASURER, STATE OF		Mo	Day Year	Mo. [	Day Year
DateS						Telephone		
						e Instructions		
	Sche	dule 1 - For	employers require	d to remit withh	olding taxes or	n a semi-weekly bas	sis.	<b>T</b>
Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount
4. Total Withholdin	g This Quarter (Er	nter here and on lir	ne 1 above)	5. Total Ser	ni-weekly Payments	Remitted This Quarter (	Enter here and o	n line 2 above)
\$				\$		·		
		<del></del>	CANCE	LLATION NO		<del>                                     </del>		<u> </u>
6. Check this box a	and complete the fo	ollowing section if y	our business is discontin			ceases.	IAL	
Reason for cancella	ation					_		
Last Payroll Date:	Mo. Day	⊩—⊪—⊣ Year						
Date Sold:	•		,					
			n 941/C1C-ME) to chang				Office use onl	у

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